



**STATE AID VOUCHER**  
**OFF-ROAD VEHICLE (ORV) LAW ENFORCEMENT GRANT PROGRAM**

*This information is required by authority of Part 811, 1994 PA 451, as amended.*

For Grant Period beginning \_\_\_\_\_, ending \_\_\_\_\_

CLAIMANT USE ONLY		
Law Enforcement Agency		
Name of Treasurer	Name of County	
Street Address of Treasurer (or P.O. Box)		
City, State, ZIP		
EXPENDITURE ITEM	EXPENDITURE TOTAL	DNR USE ONLY (Approved)
1. Salaries, Wages & Fringes (from Detail of Expenditures, Page 2)	\$	
2. CSS&M (from Detail of Expenditures, Page 3)	\$	
3. Equipment (from Detail of Expenditures, Page 4)	\$	
4. Less "Receipts" (Insurance, Gas, Tax, Sale of Equipment)	\$	
5. TOTAL	\$	
6. State Aid	\$	
I hereby certify that the above expenditures have been made in accordance with the schedule of authorized expenditures and regulations adopted by the Department of Natural Resources and that the governmental unit listed is entitled to payment of State Aid in accordance with Part 811, 1994 PA 451, as amended, that the above claim is just, true, and correct; that no part thereof has previously been included in a State Aid claim.		
Fiscal Officer's Signature	Title	Date
County Sheriff's Signature	Printed Name of Sheriff	Date

DEPARTMENT OF NATURAL RESOURCES USE ONLY	
I hereby certify that the above payroll and list of expenditures have been reviewed and that such expenditures when made in accordance with the schedule of authorized expenditures and regulations adopted by the Department of Natural Resources would entitle the governmental unit listed to payment of State Aid in accordance with Part 811, 1994 PA 451, as amended. Such expenditures being certified by the County Sheriff and fiscal officer payment is hereby approved.	
By: _____	Date: _____
By: _____	Date: _____
<div style="border: 1px solid black; padding: 5px; text-align: center;"><b>Amount of State Aid Certified for Payment</b>  \$</div>	

FOR DEPARTMENT OF TREASURY USE ONLY		
Name of Grant Recipient Audited	Date	Audit Results
		<input type="checkbox"/> Account in Order <input type="checkbox"/> Refund Ordered \$
Remarks: _____		
<input type="checkbox"/> Refund Received	Date _____	<input type="checkbox"/> Refund Amount _____

Return completed State Aid Voucher with ALL Detail of Expenditure Attachments, by October 31 to:

**GRANTS MANAGEMENT**  
**MICHIGAN DEPARTMENT OF NATURAL RESOURCES**  
**PO BOX 30425**  
**LANSING MI 48909-7925**



Michigan Department of Natural Resources  
Law Enforcement Division / Grants Management

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<b>County</b>
<b>Date</b>

**DETAIL OF EXPENDITURES - SALARY, WAGES & FRINGE BENEFITS**

Date Paid	Voucher Number	Employee Name	Hours Worked	Pay Rate	Amount Paid
TOTAL HOURS →					
TOTAL PAGE 2 → \$					

Sheet \_\_\_\_\_ of \_\_\_\_\_

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County

Date

### DETAIL OF EXPENDITURES - CONTRACTUAL SERVICES, SUPPLIES AND MATERIALS (CSS&M)

[illegible]

Sheet \_\_\_\_\_ of \_\_\_\_\_



Michigan Department of Natural Resources  
Law Enforcement Division / Grants Management

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**DETAIL OF EXPENDITURES - EQUIPMENT**

Date Paid	Voucher Number	Vendor	Item Purchased	Trade In Received	Actual Cost
				TOTAL PAGE 4 →	\$

SEND COMPLETED FORM TO:

**GRANTS MANAGEMENT  
MICHIGAN DEPARTMENT OF NATURAL RESOURCES  
PO BOX 30425  
LANSING MI 48909-7925**